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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/763,204 |
| | Filing Date | 2/20/01 |
| | First Named Inventor | Fabien Clermidy |
| | Art Unit | 2184 |
| | Examiner Name | Wilson, Yolanda L |
| Total Number of Pages in This Submission | Attorney Docket Number | 034299-311 |

ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard |
| Remarks | | RECEIVED MAR 17 2004 Technology Center 2100 |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|--------------------------------|
| Firm or Individual name | Thierry K. Lo, Reg. No. 49,097 |
| Signature | |
| Date | 3/10/2004 |

CERTIFICATE OF MAILING

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| Typed or printed name | Ruth Rodriguez | | Date | March 10, 2004 |
| Signature | | | | |

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Docket No. 034299-311

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3/23/04
SRH

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Clermidy et al

SERIAL NO.: 09/763,204

FILING DATE: 02/20/01

TITLE: RECONFIGURATION METHOD APPLICABLE TO A
NETWORK OF IDENTICAL FUNCTIONAL ELEMENTS

EXAMINER: Wilson, Yolanda L

ART UNIT: 2184

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MAR 17 2004

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Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450,
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AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action of 12/10/2003, please amend the above-identified
application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.